

MODEL FORM

WHEAP REPAYMENT AGREEMENT

Case Number

I. Recipient's name Recipient's address
 (last, first, M.I.) (street, city, state, zip)

II. I acknowledge that I received a LIHEAP overpayment and agree to pay it back in monthly installments.

- (1) _____ Date of overpayment
(2) _____ Amount of overpayment
(3) _____ Number of Monthly installments
(4) _____ Date installments are to begin
(5) _____ Date installments are to end

III. By signing this statement, I am not admitting or denying that I willfully caused in any way this overpayment to be made to me. I also understand that failure to sign this form will not, in and of itself, result in the denial of any future LIHEAP benefits for which I might apply.

Signature of Recipient

Date

Witness _____

Date

Witness _____

Date

Federal Regulations 45 CFR96